This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	ems (Short Form) actions are located of this workbook	03/01/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	'YY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full corp	porate title
Owner	List any other name or names under which	h the owner conducts the business of th	ne cable system.	
	If there were different owners during the single statement of account and royalty fe	- · ·	he last day of the accounting period should suing period.	ubmit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	4829
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	Swayzee Communications			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		

		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Swayzee Communications
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		214 S Washington St, PO Box 97 (Number, street, rural route, apartment, or suite number)
		Swayzee, IN 46986 (City, town, state, zip)
•	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
C	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	4	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

lame	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Swayzee Communications	4829
D	Instructions: List each separate community served by the cable system. A ' "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area erved	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First nmunity	Swayzee	
y		
cessary		
25501	,	

								FORM SA1	-2E. PAGE
Name	LEGAL NAME OF OWNER OF C							515	482
	Swayzee Communicatio	JIIS							
-	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRIE	BERS AND RA	ATES				
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmission about other services (including provide the services)								
Transmission	last day of the accounting period	, , ,	,		,				
Service: Sub-	Number of Subscribers: Bot	•					,		
scribers and Rates	down by categories of secondar each category by counting the n			•		•			
Nates	separately for the particular serv			U I I		•		charged	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed				ny standa	rd rate variatior	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondarv transmi	ssion servi	ce that cable	
	systems most commonly provide			-					
	that applies to your system. Not			•		•			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of						idel Selvi		
	Block 2: If your cable system	has rate catego	ories for s	secondary trai	nsmission				
	printed in block 1 (for example, t					,		, 0	
	with the number of subscribers a sufficient.	e-word descrip	tion of the s	service is					
	BLOCK 1						BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		124	79.95/mo.					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	S				
F	In General: Space F calls for ra					ll your cable sy	stem's serv	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There a furnished at cost or (2) services								
					із канен	ntormation shou			
Other Than	amount of the charge and the ur	nit in which it is	usually b						
Secondary	enter only the letters "PP" in the	rate column.		oilled. If any ra	ites are ch	arged on a var	iable per-p		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra	rate column. te charged by t	he cable	oilled. If any ra system for ea	ites are ch ich of the a	arged on a var applicable servi	iable per-p ces listed.	rogram basis,	
Secondary	enter only the letters "PP" in the	rate column. te charged by t t your cable sys	he cable stem furn	oilled. If any ra system for ea ished or offer	ites are ch ich of the ed during	narged on a var applicable servi the accounting	iable per-p ces listed. period that	rogram basis, were not	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha	rate column. te charged by t t your cable sys separate charg	he cable stem furn le was m	oilled. If any ra system for ea ished or offer ade or establi	ites are ch ich of the ed during	narged on a var applicable servi the accounting	iable per-p ces listed. period that	rogram basis, were not	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg	he cable stem furn le was m le the rat	oilled. If any ra system for ea ished or offer ade or establi	ites are ch ich of the ed during	narged on a var applicable servi the accounting	iable per-p ces listed. period that	rogram basis, were not	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. te charged by t t your cable sys separate charg btion and incluc BLOC RATE	he cable stem furn le was m de the rat CK 1 CATEGO	billed. If any ra system for ea ished or offer ade or establi te for each.	ites are ch ich of the a ed during shed. List VICE	narged on a var applicable servi the accounting	iable per-p ces listed. period that vices in the	rogram basis, were not e form of a	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. te charged by t t your cable sys separate charg otion and incluc BLOC RATE	he cable stem furn le was m de the rat <u>CK 1</u> <u>CATEGO</u> Installat	billed. If any ra system for ea ished or offer ade or establi te for each. DRY OF SER ion: Non-res	ites are ch ich of the a ed during shed. List VICE	arged on a var applicable servi the accounting these other ser	iable per-p ces listed. period that vices in the	rogram basis, were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by t t your cable sys separate charg btion and incluc BLOC RATE	he cable stem furn je was m de the rat <u>CK 1</u> <u>CATEGO</u> Installat • Mote	billed. If any ra system for ea ished or offer ade or establi e for each. DRY OF SER' ion: Non-res	ites are ch ich of the a ed during shed. List VICE	arged on a var applicable servi the accounting these other ser	iable per-p ces listed. period that vices in the	rogram basis, were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. te charged by t t your cable sys separate charg otion and incluc BLOC RATE	he cable stem furn le was m de the rat <u>CK 1</u> <u>CATEGO</u> Installat • Mote • Com	billed. If any ra system for ea ished or offer ade or establi e for each. DRY OF SER ion: Non-res ion: Non-res	ites are ch ich of the a ed during shed. List VICE	arged on a var applicable servi the accounting these other ser	iable per-p ces listed. period that vices in the	rogram basis, were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	rate column. te charged by t t your cable sys separate charg otion and incluc BLOC RATE	he cable stem furm le was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay	billed. If any ra system for ea ished or offer ade or establi e for each. DRY OF SER' ion: Non-resi el, hotel mercial cable	ates are ch ach of the ed during shed. List VICE idential	arged on a var applicable servi the accounting these other ser	iable per-p ces listed. period that vices in the	rogram basis, were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. te charged by t t your cable sys separate charg otion and incluc BLOC RATE	he cable stem furm le was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay • Pay	billed. If any ra system for ea ished or offer ade or establi te for each. DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l ch	ates are ch ach of the ed during shed. List VICE idential	arged on a var applicable servi the accounting these other ser	iable per-p ces listed. period that vices in the	rogram basis, were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	rate column. te charged by t t your cable sys separate charg otion and incluc BLOC RATE	he cable stem furm le was m de the rat <u>CK 1</u> <u>CATEGO</u> Installat • Mote • Com • Pay • Pay • Fire	billed. If any ra system for ea ished or offer ade or establi te for each. DRY OF SER ion: Non-res il, hotel mercial cable cable-add'l ch protection	ates are ch ach of the ed during shed. List VICE idential	arged on a var applicable servi the accounting these other ser	iable per-p ces listed. period that vices in the	rogram basis, were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	rate column. te charged by t t your cable sys separate charg otion and includ BLOC RATE 79.95 20.00	he cable stem furm le was m de the rat <u>CK 1</u> <u>CATEGO</u> Installat • Mote • Com • Pay • Pay • Fire	billed. If any ra system for ea ished or offer ade or establi te for each. DRY OF SER ion: Non-resi el, hotel mercial cable cable-add'l ch protection lar protection	ates are ch ach of the ed during shed. List VICE idential	arged on a var applicable servi the accounting these other ser	iable per-p ces listed. period that vices in the	rogram basis, were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add"I channel • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by t t your cable sys separate charg otion and includ BLOC RATE 79.95 20.00	he cable stem furm le was m le the rat CK 1 CATEGO Installat • Mote • Com • Pay • Fire • Burg Other so	billed. If any ra system for ea ished or offer ade or establi te for each. DRY OF SER ion: Non-resi el, hotel mercial cable cable-add'l ch protection lar protection	ates are ch ach of the ed during shed. List VICE idential	arged on a var applicable servi the accounting these other ser	iable per-p ces listed. period that vices in the	rogram basis, were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by t t your cable sys separate charg otion and includ BLOC RATE 79.95 20.00	he cable stem furm le was m le the rat CK 1 CATEGO Installat • Mote • Com • Pay • Fire • Burg Other sec • Reco	billed. If any ra system for ea ished or offer ade or establi te for each. DRY OF SER ion: Non-resi el, hotel mercial cable cable-add'l ch protection lar protection ervices:	ates are ch ach of the ed during shed. List VICE idential	arged on a var applicable servi the accounting these other servi RATE	iable per-p ces listed. period that vices in the	rogram basis, were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by t t your cable sys separate charg btion and includ BLOC RATE 79.95 20.00	he cable stem furm le was m de the rat <u>CK 1</u> <u>CATEGO</u> Installat • Mote • Com • Pay • Pay • Fire • Burg Other se • Reco • Disc	billed. If any ra system for ea ished or offer ade or establi e for each. DRY OF SER ion: Non-resi el, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect	ates are ch ach of the ed during shed. List VICE idential	arged on a var applicable servi the accounting these other servi RATE	iable per-p ces listed. period that vices in the	rogram basis, were not e form of a BLOCK 2	RAT

ccounting Period: 2	2020/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Swayzee Communica	tions		4829
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, With Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	<i>t</i> (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati- arried by your cable system on a sub- the Special Statement and Program La- ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a to (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WTTV	4	N	
	WRTV	6	N	INDIANAPOLIS
Add Rows as Necessary	WISH	8	N	INDIANAPOLIS
	WNDY	23	I	INDIANAPOLIS
	WXIN	59	N	INDIANAPOLIS
	WTHR	13	N	INDIANAPOLIS
	WIPB	49	E	MUNCIE
	WHMB	40	I	INDIANAPOLIS
	WSOT	57	Ι	MARION

all-band basis whose si Special Instructions C receivable if (1) it is car on the basis of monitori For detailed information paper SA1-2 form. Column 1: Identify th Column 2: State who Column 3: If the radi signal, indicate this by p Column 4: Give the	adio station of gnals were g oncerning <i>A</i> ried by the sy ng, to be recu about the C about the C e call sign of ther the stat o station's si- placing a che station's loca ations, if any	carried on a separate and discru- lenerally receivable by your cab All-Band FM Carriage: Under C ystem whenever it is received a eived at the headend, with the s Copyright Office regulations on t f each station carried.	ble system during Copyright Office r t the system's he system's FM ante this point, see pa the by the cable s he station is licens	the accounting egulations, an adend, and (2) enna, during ce ge (v) of the ge system as a se sed by the FCC	g perioc FM sig) it can ertain st eneral in eparate a	d. Inal is generally be expected, tated intervals. nstructions in the. and discrete	H Primary Transmitters Radio
eceivable if (1) it is car on the basis of monitori For detailed information paper SA1-2 form. Column 1: Identify th Column 2: State who Column 3: If the radi signal, indicate this by p Column 4: Give the Mexican or Canadian si	ried by the sy ng, to be reco about the C e call sign of other the stat o station's si- placing a che station's loca ations, if any	ystem whenever it is received a eived at the headend, with the s Copyright Office regulations on t f each station carried. tion is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which the r, the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens station is identifi	adend, and (2) enna, during ce ge (v) of the ge system as a se sed by the FCC ed).) it can ertain st eneral ii eparate a C or, in	be expected, tated intervals. nstructions in the. and discrete the case of	Transmitters
CALL SIGN AM or	FM S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						······································	

Accounting Perio	od: 2020/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Swayzee Communicat	tions						4829
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I I	In General: In space I, ident	-	-			tion that you		tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per	-			isis anv noni	network telev	ision prog	ram
Statement and		-		frouny, on a substitute be	iolo, any nom			
Program Log	broadcast by a distant sta	luon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must complet	te the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	ir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."					-	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		oonood by th		in
	the case of Mexican or Car							
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour system	was requ	ired
	to delete under FCC rules							
	was substituted for program							9.9.1
	effect on October 19, 1976							
	e		E PROGRAM	1		N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCO 6. TIN		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
							-	
						_		
						_		
		+						
						_		
						_		
						_		
						_		
1		1	1			1		1

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S١	STEM ID#
	Swayzee Communications		4829
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans: (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service amount, se	,100.05
_	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 1. Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the second seco		

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM: Imunications				SYSTEM ID# 4829
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	rs, and (2) the cable system's al number of channels on which d television broadcast stations al number of activated channe cable system carried television	s total numbe ich the cable is els on broadcast	on which the cable system carried television broad r of activated channels during the accounting period	od.	9 57
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accou		MATION IS NEEDED (Identify an individual to who	om	
for Further Information	Name	Tim Miles			Telephone 76	5-922-7916
	Address	214 S Washington S (Number, street, rural route, apar Swayzee, IN 46986 (City, town, state, zip)	artment, or suite	number)		
O		I (This statement of account n		fied and signed in accordance with Copyright Offic		
Gertification) I am the owner of the cable system as identified in	line 1 of space B; o	r
	in (Offici in • I have examine	line 1 of space B and that the cer or partner) I am an officer line 1 of space B. ed the statement of account and te, and correct to the best of m	e owner is not r (if a corpora nd hereby dec	rtnership) I am the duly authorized agent of the own a corporation or partnership; or tion) or a partner (if a partnership) of the legal entity lare under penalty of law that all statements of fact o , information, and belief, and are made in good faith	identified as owner	
			Enter an e	/s/Audra Hicks ectronic signature on the line above to certify this stat ature using an "/s/ signature" (e.g., /s/ John Smith)	ement.	
		Typed or printe Title:		AUDRA HICKS		
				held in corporation or partnership) 03/01/2	021	
<u> </u>						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ayzee Communications	482
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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